

The Source

Newsletter of the VA Mid-Atlantic Health Care Network (VISN 6) Summer 2006 Edition

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Director's Report

Welcome back to *The Source*. We haven't published in a while due to some staff changes, but we're ready now to highlight some key developments.

Our overall aim is to provide exemplary health care in a safe, effective, efficient, and compassionate manner to the men and women we so proudly serve. Number one on our priority list is service excellence. We're focusing on performance—providing our veterans gold standard care with a high level of patient satisfaction.

Performance measures

How do we measure success in meeting this priority? In fact, we take a business approach, using over 90 performance indicators. We don't dream these up—we seek to meet or exceed VA standards expressed as National Performance Measures.

Using these bench marks, we track how well we're doing in meeting or exceeding standards for an array of clinical care and administrative goals. Among our key goals are enhanced access to care, decreased waiting times for appointments, and improved customer service.



**Network Director
Daniel F. Hoffmann,
FACHE**

As you probably know, our network serves veterans in North Carolina, Virginia, and parts of West Virginia—that's about an 8500-square mile territory! We currently operate eight major VA Medical Centers and 15 outpatient clinics. And we're constantly analyzing how to meet changes in the needs of our veterans.

Expanded mental health resources

It is apparent that many veterans from previous conflicts and those "new warriors" returning from Iraq, Afghanistan and other sites in the Global War on Terrorism may need mental health services. So we've expanded our capabilities in dealing with post-traumatic stress disorder, substance abuse, and related issues. This proactive effort will provide mental health services at all our sites.

Additional outpatient clinics

In late June, we received the go-ahead from VA Central Office to establish five new Community Based Outpatient Clinics.

This is great news for our veterans—we are very pleased that we will be able to enhance their access to essential health services at three sites in North Carolina and two in Virginia.

Combined, the new clinics are estimated to serve about 20,800 veterans in the first year of operations. And, our goal is to have them operational in the next fiscal year.

The five new sites for expanded outreach to veterans are Franklin, NC (managed by Asheville VAMC), Hamlet, NC (managed by Fayetteville VAMC) and Hickory, NC (managed by Salisbury, NC), Norfolk/Portsmouth, VA (managed by Hampton VAMC) and Lynchburg, VA (managed by Salem VAMC).

Our plans call for these clinics to be developed either as a contracted service or VA-staffed in leased space. To inquire about contract services for the Franklin and Hamlet clinics, please call Daphne Jackson at 757-728-3114. To discuss leased space for the Hickory, Lynchburg, or Norfolk clinics, please call Debby Nasekos at 910-482-5200.

Those interested in employment or seeking to enroll in these clinics should contact the human resources or enrollment staff at the appropriate managing VA Medical Center.

These new facilities are all designed to offer veterans primary care and mental health services. In Hickory and Norfolk we will also provide eye care.

In addition, we're moving ahead with site plans for a new enhanced Outpatient Clinic in Charlotte, NC. This will increase our ability to provide primary care and additional services to more veterans in this rapidly growing metropolitan area.

We plan to begin site preparation in early summer on this facility. This clinic will be operated by a leasor under management oversight from our Salisbury, NC VA Medical Center. We appreciate the support we have received in Charlotte from city officials and members of Congress to provide additional services in this area.

We're also expanding our clinics in Raleigh and Greenville, NC. The Raleigh clinic began operations June 5 in an enhanced facility.

The Durham VA Medical Center manages this new health care resource and will host a celebratory event at the new facility in Raleigh, July 24.

Wait time and missed opportunities

VA patients should be seen by a clinical staff member no more than 20 minutes after arriving for an appointment—*that's our standard!* Our mental health and primary care clinics are leading the way



Expanded Raleigh outpatient clinic opened June 5.
(Photo by Linnie Skidmore, Durham VAMC)

in meeting this goal. We're making strides in other clinics to reduce the wait time of patients also.

Many veterans tell us they have difficulty trying to notify us when they can't make an appointment. In response, our medical centers have added an automated phone option for this function. This helps avoid "missed opportunities" for care, since a missed appointment keeps another veteran from getting service. In turn if we have to cancel a clinic for some reason, we're making sure we notify any patient who might be affected.

Service to our newest veterans

How are we meeting the challenge of serving our newest generation of veterans—those returning from duty in the Global War on Terrorism? All VISN 6 facilities are tailoring their services to assist these individuals. Nationally here's what VA is reporting:

- By early 2006, about 29% of separated Operation Iraqi and Enduring Freedom (OIF/OEF) veterans had enrolled for VA health care.
- The three most common health problems of these war veterans have been musculoskeletal ailments (principally joint and back disorders), mental disorders, and dental problems.
- For these newest veterans, VA health care is free for two years following separation for any health problem possibly related to wartime service.

Source: VHA Office of Public Health & Environmental Hazards, Feb 14, 2006

As of early 2006, VISN 6 had provided care to some 6,800 of these veterans. The greatest number of

these patients were being seen at Fayetteville, Richmond, Hampton, and Durham.

Another article later in this issue provides further information on how we are caring for these new veterans.

***VISN 6 Individual & Team Awards
for Patient Satisfaction
Presented April 26, 2006
By Patient Satisfaction Sub-Council***

Parkinson's Disease Support Group Team (VAMC-Richmond) – Despite lacking a coordinator, this group provided a forum for patients, families, caregivers, and providers to discuss challenges and share strategies for improving quality of life for Parkinson inpatients and outpatients. Team members are dedicated to empowering these patients and their loved ones.

Prosthetics Clerks (VAMC-Salem) – The team's contractor accountability practices saved the VAMC \$10,000. Innovative efforts led to a perfect JCAHO score in Sept. 2005, departmental cross-training, and successful process improvement in Healthcare Failure Mode Effect Analysis. Inaccurate patient information that could impede timely delivery of medical equipment was identified. These clerks strive to assure that the veteran is satisfied on every visit.

Steven Carter, NP, Substance Abuse Medicine/Mental Health Service Line, (VAMC-Richmond) Using Advanced Clinic Access principles, he gave patients same-day access to MH with greater continuity of care. His leadership decreased medical staff workload by 63%. Veterans and staff now receive excellent and compassionate care from walk-in clinic. Complaints have significantly decreased. Mr. Carter has set high standards for faculty, residents, and other mental health professionals.

Patient Satisfaction

We continue to work on enhancing veterans' satisfaction with clinical care and their other interactions with us.

We are analyzing our phone procedures, correspondence, web sites, and interpersonal dealings with veterans.

If you are one of our patients, please complete the "quick card" during and after your visit. Tell us how you were treated. Let us know where we need to improve.

We are determined to make necessary changes in the way we do business to enhance satisfaction among our "customers."

Our Veterans Advisory Council will be choosing one facility judged to have the best approach to patient satisfaction. This "VSO Award" will recognize the efforts of an entire medical center.

Get on-line for prescription re-fills with MyHealtheVet



Talk about outreach—VA's public access Internet on-line resource, MyHealtheVet, has 220,000 registered users nationally. And, more than 724,000 prescription refills have been processed through this site. To connect on the web, enter:

www.myhealth.va.gov

As of Memorial Day, 2006, veterans can now use this web resource to:

- Fill prescriptions
- Track blood pressure
- Control blood sugar
- Monitor heart rate
- Record immunizations
- Check cholesterol
- Track use of vitamins
- Keep up with your diet
- Track exercise and activities
- And record you military health history
- Plus, graph health readings, record your family medical history, and record your past medical history.

We asked Alex Hirsch, Supervisory IT Project Manager for MyHealtheVet, in Glen Burnie, MD, for an update on the new features. Alex offers these suggestions (pardon the *techno-speak*):

If you are unable to access the My HealtheVet Website, try clearing your browser cache by pressing CTRL-F5. If that doesn't work, then re-type the URL (www.myhealth.va.gov) directly into the IP address box on your Internet browser. This approach refreshes the entry into My HealtheVet. If you were relying on a previously saved MHV link, you will not be directed to the live site.

The first time you refill a prescription on the new MHV portal, it will take a little time to generate your list of medications. This should provide sufficient time for the system to refresh your pharmacy-related information (about 30-60 seconds). This is a one-time occurrence.

While waiting, we suggest you check your profile. Make sure all information is correct. Be sure to change anything that is incorrect, add anything additional, and submit the profile information again. This will take care of any synchronization issues.

If you or other veterans are able to access the prescriptions section of MHV, but are still unable to view prescription history and/or refill active prescriptions, please use the Contact MHV Tab to obtain assistance.

If you are registering, and go off the registration page or have an error while registering, the registration form is blanked out. Then you will need to fill out the information again.

We understand this is inconvenient. **However, it significantly increases the security of your account.**

Hampton-hosted 20th Annual National Veterans Golden Age Games attract greatest number of competitors yet!



Some 595 veterans, aged 55 and over, participated in events at this year's National Veterans Golden Age Games (NVGAG), May 7-12. It's the 20th year this national event has been conducted.

Hampton VA Medical Center, along with other venues in the Tidewater, Virginia area, was host site for the Games.

Primary sponsors included the VFW and its Ladies Auxiliary and the Veterans Canteen Service.



Fayetteville veteran James Flanders (right) led pledge of allegiance at 20th Annual National Veterans Golden Age Games (Photo by Brad Garner, Fayetteville Visual Information Specialist). **Throwing the shoes is Salisbury veteran James Luther (left).** (Photo by NVGAG staff.)

Of the competitors, 48 were from VISN 6 sites. Among them was James Luther, representing the Salisbury VAMC.

What a story he has to tell—from Recon Marine in Vietnam and ten years in the Corps to current VA volunteer, VFW representative, and service officer for the American Legion. He's also been a member of the Disabled American Veterans (DAV) for 30 years.

During the Hampton Games, James took part in bowling, playing nine ball, and shooting in the air rifle event.

He's now rated 100-percent for service-connected disability and says, "I get wonderful care at VA."

VA senior leaders in attendance

Keynote speaker for the opening ceremony was Deputy Secretary for Veterans Affairs, the Honorable Gordon Mansfield. He was introduced by VISN 6 Network Director, Daniel F. Hoffmann.

VA Secretary, the Honorable R. James Nicholson, toured the events, talked to participants, and took time to shoot a mean game of nine-ball. Along with Mr. Hoffmann, the Secretary conducted a news conference on the last day of the Games in a beautiful outdoor setting at Fort Monroe.

He used the occasion to persuade veterans to join him in participating in VA's "MOVE" program. This is a comprehensive approach to screening, diet, and weight control aimed at dealing with one of our nation's newest challenges—our tendency to be overweight and prone to diabetes.

The Secretary noted that obesity has replaced smoking as the number one contributor to healthcare problems among VA patients.



(L to R) Deputy VA Secretary Gordon Mansfield assisted by Mr. Joseph Williams, then VAMC-Hampton Director, a competitor and local official, hold the torch to start the 20th Annual National Veterans Golden Age Games. (Photo by Sandi Dannenberg, Hampton VAMC)

Fayetteville veteran leads pledge

Leading the pledge of allegiance was our own WWII Army veteran from Fayetteville, James Flanders. He turned 91 in June.

We asked Mr. Flanders what he would tell other veterans about staying young and healthy.

“When I was young,” he remembered, “the Boy Scouts motto was, ‘do a good turn daily.’ I believed in this and tried to live accordingly. As an older person, I said that every day is a blessed day and still I try to avoid having a useless day. ‘Be accountable for something every day.’

During my military career, I was an exercise fanatic. I took exercise very seriously.”

How does it feel to have led the pledge during the Golden Age Games?

According to this veteran, “It was an honor to be

selected to do the pledge of allegiance. I am a first-generation American.

My parents were immigrants and they taught me that America was the land of opportunity. I want to do anything that I can do to enhance Patriotism.”

Well done Team Hampton!

Congratulations to Jenny Tankersley, Sandi Dannenberg, Kristi Nuckols, Mr. Joseph Williams, former Director at Hampton, and the many others who did such a great job in preparing and administering this “fountain of youth” for VA participants, their families and those who watched and admired the exploits of the competitors. .

Many VISN 6 staff served as volunteers along with hundreds of others. Jerry Wenditz, Past Commander of the American Legion Department of Virginia, and his wife were among those providing support.

New Director takes over in Asheville



The new VAMC Director in Asheville is Dr. Susan Pendergrass.

She takes over from Mr. James Christian, who retired from VA, and is now working for the Western Area Health Education Center.

We asked Dr. Pendergrass for her thoughts as she begins her new tenure. Here are her comments.

“I am excited about leading the Asheville VA Medical Center team and look forward to the challenges that face us in a rapidly changing health care environment. Serving veterans, their families, staff and volunteers are my priorities.

We are all part of the VA family and I am heartened by the dedicated staff I have found throughout my VA career that

embrace the VA mission and values. Working with Asheville’s dedicated staff, I want to continue this journey of caring for veterans, their families the staff, and volunteers.

I see the Asheville VA Medical Center as a world class organization that does, can and will provide exceptional quality of care to veterans.

I plan to utilize the Malcolm Baldrige quality framework principles to enable us to set our organizational course, measure what we are accomplishing and

determine what we will need to continue to improve.

The foundation of the Asheville organization is our staff and the service we provide to veterans and their families. I will lead through the process of continuous quality improvement, directed toward greater customer satisfaction and enhanced business performance. This will become the 'motto' for our Medical Center.

Staff will be active partners in this quality journey. They will be expected to take the initiative in identifying and correcting problems that affect the quality of services that we provide. This will be accomplished through teamwork.

From our internal benchmark system we will continuously measure our performance for improvement opportunities. In a time when we have many requests for our time and energy, it is important for everyone on the Asheville team to understand the organization's objectives and priorities. I will seek ways to make certain that we develop a safe, effective, efficient and compassionate health care system that is aligned with VHA's priorities.

Leadership Change at Hampton—Joseph Williams moves to Central Office Position

Having served as Director at Hampton VA Medical Center since November 18, 2001, Mr. Williams has now become the Associate Deputy Under Secretary of Health for Operations and Management at VA Central Office in Washington, DC.

During his tenure, Hampton hosted the 20th Annual National Veterans Golden Age Games,

and he led efforts in the VA Mid-Atlantic Network to enhance patient satisfaction.

Here are Mr. Williams' responses to three questions which reflect some highlights of his service in VISN 6.

Q: What was the most satisfying aspect for you of the National Veterans Golden Age Games?

A: Looking back over the experience, the most satisfying aspect for me was undoubtedly watching the pride and appreciation on the faces of the competitors who had traveled far and wide to participate.

It became clear to me early in the preparation stages that the Games held special meaning for many veterans, but even with that in mind, nothing compared to watching the pride on the faces of veterans as they received medals, the earnest effort put forth by each competitor no matter the event, and the appreciation expressed for all that was done to make their visit enjoyable.

It was a most memorable opportunity for this Medical Center to share and be a part of such a program that will be remembered for years to come.

Q: What do you foresee as the major challenge for VISN 6 in enhancing the satisfaction of our patients?

A: We have continued to make great strides as a VISN, and I feel confident that the changes made in the organizational culture will



Then Hampton VAMC Director, Joseph Williams, was honored May 9 in Washington, DC, as recipient of the VA Secretary's Award for Excellence in Advancing Nursing Programs. Presenting the award is VA Deputy Secretary Gordon Mansfield (left). On hand were William Feeley, Deputy Under Secretary for Health for Operations and Management, and Cathy Rick, RN, VA's Chief Nursing Officer. (Photo by OPIA-Washington)

propel us to not only meet, but exceed expectations in all areas of customer satisfaction. One area of challenge that I feel confident we will overcome will be closing the chasm between patient perception and clinic practice.

As we continue to educate our veterans and staff on expectations such as the actual appointment times vs. their arrival times, and enhance our communication, we will begin to see changes in performance on measures related to the "See You in 20" initiative.

Overall, I feel we are on track and can expect to see sustained improvement in route to our goal of exceptional performance in all measures.

Q: What was the one major highlight of your tenure as Hampton Director?

A: My tenure as Medical Center Director has been filled with highlights too numerous to sum up briefly, but if forced to limit myself to one, I would have to

say shifting the organizational paradigm from a position of follower to leader, and achieving an understanding that each and every individual has the potential to "make a positive difference" has been my greatest highlight.

Other VISN 6 leadership transitions

Succeeding Mr. Williams as Interim Director at Hampton will be Dr. Jay Robinson.

Dr. Robinson became Associate Director for Operations at Salisbury VA Medical Center on April 4, 2004, after serving as Interim Associate Director for Operations since July 7, 2003.

On his new assignment, he notes, "It's an opportunity to return to the site where I started my VA career. I look forward to building on the positive momentum they've established."

In reflecting on his experience at Salisbury, Dr. Robinson says he has watched that facility "successfully overcome the challenges of explosive growth and transition toward a tertiary care level medical center." He enjoyed "being part of a leadership team committed to excellence."



Dr. Robinson

In another development, Dr. Stephen L. Lemons, Medical Center Director at Salem since December, 1997, has been named Director of Veterans Integrated Service Network 2. He departs for his new position in August.

Dr. Lemons recalled a highlight of his tenure was "transitioning Salem VAMC to a medical center of highest quality; the people have made Salem an outstanding VAMC. It's their leadership, creativity, and hard work that give Salem its outstanding quality." He hopes that VA leaders will continue to "encourage and praise staff, work in partnership with labor partners, VSO's, and stakeholders."

Charlotte Adams will serve as Acting Director at Salem, effective August 6.

Commenting on these changes, Network Director Daniel F. Hoffmann noted, "facility leadership is crucial to the success of our operations. I look forward to working with our new directors and wish those moving on the best in their new roles. I believe it augurs well for us that many of our current VISN 6 leaders are assuming greater responsibilities in other areas of VA."

Worst-case scenario—planning for pandemic flu

Leading preparations in VISN 6 for dealing with a possible pandemic flu is Jack Allison, MD, Chief of Staff at the Asheville VA Medical Center.

As an experienced emergency physician, Dr. Allison is well aware of traumatic situations and how to determine what patients need to be given attention first.



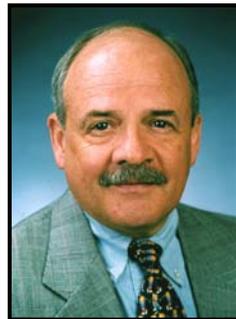
Dr. Lemons

We asked him to comment on how the Network team of health care providers and support staff would tackle what could be a very dramatic health care challenge.

Dr. Allison admits we don't have all the answers, but we are considering a number of options.

What can veterans do now to prepare for a possible flu pandemic?

Dr. Allison: We just ended the present flu season officially. So, we have some time for preparation. I would tell our veterans to stay vigilant, stay attuned to information from sources such as VA and WHO



Dr. Jack Allison, Chief of Staff at Asheville VAMC, leads network planning in preparing for possible pandemic flu occurrence.

(the World Health Organization). Every VAMC will be providing veterans with a list of actions.

The basic message is, "don't pass it on." If and when we offer vaccines, if you are eligible because of

health reasons, please take advantage of vaccines—usually they can be very effective, although developing a vaccine for the "avian flu" will take time—we haven't seen that strain yet.

In addition to getting vaccinated, if you become ill, it's important that you stay home.

Hand washing will take on new meaning—that's very important. And, practice "cough etiquette." By that I mean, cover up your mouth and nose. Flu is spread by coughing and sneezing.

And our veterans can model this behavior with their children, grand children, or other kids. Children are the most infectious—they are the most susceptible, they're so active, and they come into contact with more people. So, if your child is sick, keep him or her at home. We may end up with wholesale school closures—so voluntary home quarantine is really essential, not just for VA, but for public health generically.

What happens if many of our VA personnel get flu symptoms?

Dr. Allison: Well that could be significant. Those of us who are not affected may have to work longer, and be available more. Our focus has to be on the patient. Our plan will be comprehensive and do-able.

We will use a “triage” technique to indicate who we will care for in our VA facilities and who will be sent home with instructions on how they or their loved ones can be cared for.

How are our VA facilities preparing to meet the flu challenge?

Dr. Allison: We are considering the need for such items as masks. It turns out that regular surgical masks are not helpful in filtering viral particles. Another mask, the N95, is about 95% effective in filtering viral particles.

We are stocking N95s for staff at our hospitals. These have to be fitted for each individual user, so our medical centers are making plans as to how to fit the masks rapidly. We're also acquiring extra soap and gloves.

Q: How will we screen veterans to determine if they have contracted the most virulent strain of the flu?

Dr. Allison: This is a challenge, since you either have this condition or you don't. If two veterans present to us with symptoms, one may have a “normal” flu and the other may have the new type of flu. We will be asking anyone who has symptoms to stay isolated from other individuals to the extent possible.

There will be a massive public health campaign, beyond VA, that will help remind the public about flu symptoms, and if you have them, what to do. For our veterans, the message is: “Be aware. Be prepared. Don't pass it on.”

How can VSOs help?

- Inform members in calm, accurate manner
- Main US Web site: www.pandemicflu.gov
- World Health Organization site: www.who.int/csr/disease/avian_influenza/en/
- Quell rumors
- Urge vaccinations & common-sense procedures
- Forward requests for information to VA/VISN 6 Communications Officer

How will we test our plan?

Dr. Allison: VISN 6 will be involved in scenarios to test our procedures. We sent our individual facility plans to VA Central Office early last month.

We will test our plans in “table top exercises” by videoconference with a realistic scenario. The first exercise took place, July 17. We challenged clinical and support staff to make quick decisions under a compressed time frame.

These activities will provide us a way to enhance our plans. We'll find out what's going well; what's marginal. We will then revisit our plans to strengthen them.

Q: Are we going to be working with community and national healthcare resources to share information and services?

Dr. Allison: There is ongoing cooperation at the local, state, and national levels, both among government and private sector organizations. State Departments of Health will work with VA and vice versa, particularly with surveillance. The Centers for Disease Control & Prevention (CDC) is, of course, going to be a resource for information and other guidance.

I want to emphasize that first and foremost we must take care of veterans. During a pandemic, non-VA resources may reach the point of being overwhelmed. If asked for help, we would try to assist—this cuts both ways—we may need to have VA patients at civilian hospitals.

State departments of health will be asked to report daily on suspected cases of influenza. Every emergency department in North Carolina, Virginia, and West Virginia will be

indicating the numbers of cases they are experiencing.

Sharing this information will give us extra time for alerting our VA patients about options for prevention and treatment. Information in situations like this is power-protection for our patients.

Q: With the possibility of so many veterans needing help, how will you determine priorities for care?

Dr. Allison: VA patients often present unique challenges due to their special clinical needs. We will take an approach that assures the most susceptible patients get

vaccinated first. Veterans with co-morbidity conditions such as hypertension, heart disease, and lung disease fall into these categories.

We'll also be getting our clinical staffs vaccinated.

Q: So, what's unique about what's been called "bird flu" compared to traditional influenza?

Dr. Allison: Well, let's first clarify what we mean by "bird flu." Avian influenza is the technical term. Dr. Mark Shelhorse, our Network Chief Medical Officer, recently briefed our Veterans Advisory Council about bird flu noting these key points:

- The current strain of concern is highly pathogenic avian influenza (HPAI) called H5N1 or Asian bird flu virus.
- H5N1 spreads rapidly in flocks of birds and has high mortality.
- Avian influenza can affect people, but this happens rarely.
- All infections in Asia have occurred after prolonged exposure to infected domesticated birds or their environments.
- Since 2003 there have been about 100 cases identified.
- Limited human-to-human transmission has been documented to date, in family contacts and healthcare workers.

Dr. Shelhorse noted quite significantly:

- **At this time there is no pandemic influenza in the world--no new strain of human influenza virus that**

spreads from human to human & causes worldwide illness.

- **Even if H5N1 avian flu comes to US, it does not mean that pandemic has started.**

Q: So why then are VA and our network taking this circumstance so seriously?

Dr. Allison: As Dr. Shelhorse emphasized:

- Viruses mutate rapidly.
- Each case of human infection offers the virus another opportunity to adapt into a new virus that is highly infectious for humans.
- If this occurs, it could lead to a worldwide outbreak of an illness that humans have no immunity to.
- This could result in a high mortality rate.

Q: Is there a vaccine for the bird flu?

Dr. Allison: Both Dr. Shelhorse and Stephen Coombs, our network pharmacy manager, have noted that an effective vaccine can't be created until after the virus mutates. Creating a vaccine requires time.

An antiviral drug that has shown some efficacy in prevention is Tamiflu (oseltamivir). But this is not a cure.

So, we urge veterans and our staff members to get their flu shot each year. The avian flu observed so far can not be distinguished from "regular" flu symptoms.

However, a flu shot will lower chances of getting a "garden variety" flu and minimize the need for worry.

We're not certain yet about just how much vaccine we may need. We have an infection control committee that is carefully studying our options. Our aim is to get 100 percent of our clinical staff vaccinated.

In turn, we hope to vaccinate at least 50 percent of our veterans—particularly the most elderly and the most susceptible. We will do this in concert with VA Central Office guidelines and our best medical judgment.

Q: Are there positive sides to our planning?

Dr. Allison: It is certainly positive that we are starting early in our planning. We're being proactive to the extent possible because we are aware of the potentially devastating consequences of a pandemic flu outbreak.

As we look back and learn from history, we can see that medicine has come a long way. We can now deal with complications of flu a lot better than ever before. We are better able to take care of complications.

The real challenge in this situation would be the volume of cases. I'm confident that even if we are overrun with veterans' needing help, we will do the best job we can to help as many veterans as possible.

We may have to delay hospital treatment for the least needy, at least temporarily, but in all cases we will provide instructions on how to take care of one's self and others at home.

So, in our network and throughout VA, the safety and well being of our employees and the veterans we proudly serve are uppermost in our planning.

VISN 6 Tele-Health program draws media spotlight!

In Beckley, Salisbury, Winston-Salem, Richmond, and Charlotte--*you name it!* Across our tri-state service area, recent news articles have focused on how we are bringing care to veterans in their homes through technology.

The *Beckley Register-Herald* reported:

“Telehealth Program Helps Beckley VA Medical Center Patients Link to Doctors.”

The article continued, “The Care Coordination Home Telehealth program is new at the Beckley Veterans Administration Medical Center.”

In the program, veterans “are given an in-home monitoring device that is linked to the medical center. From the medical center a patient’s blood pressure, weight, blood glucose and blood oxygen can be tracked.”

Sherry Stewart, (Beckley) VA nurse practitioner (indicated): “This service provides daily monitoring in health care education. ... It allows us to monitor more than 100 patients each day based on information that is displayed on a computer monitor.”

The Salisbury Post, Charlotte Observer, and Winston-Salem Journal, among others, let their readers know:

VA tries hospital care at home Using monitors in veterans' homes, health care workers check up

Journalist Frank Deloache wrote, “Thomas Howell knows that the new gadgets in his Yadkin House apartment have saved him from going to the hospital twice.

Actually, the people connected on the other end of those gadgets made the difference. They're doctors and nurses at the Hefner VA Medical Center (Salisbury VAMC). Twice, they noticed the oxygen level in Howell's blood was dropping and had special medicine delivered to his apartment to correct the problem.

"It sure as hell beats going to the hospital," Howell, a 71-year-old Korean War veteran, said recently. "Plus the fact that they stay in touch with me" every day.

The help for Howell and dozens of other "at risk" veterans with serious medical problems comes through a new community health program called Care Coordination Home Telehealth.

VA officials hope the new technology will "change the way health care is administered" to veterans in years to come.

The mission of the program is to provide "the right care, in the right place, at the right time by bringing home and health together through technology," VA officials say in a news release.

The program pays to install telemonitors in each veteran's home. Officials train veterans to use the equipment to send their medical readings through a computer and phone line daily to the Care Coordination team at the Hefner VA in Salisbury.

Right now, 69 veterans are enrolled, including patients in Statesville, Mount Airy, Taylorsville, Kernersville, Winston-Salem and Charlotte.

By Sept. 30, the Care Coordination team hopes to have 100. And they'd love to have more.

From sensors at home

Howell takes his blood pressure and blood-oxygen level, which he obtains by snapping a device on his finger. He also answers questions about how he's feeling and if he's taken his medication. All that goes by the computer to the team of Janice Pratt, program support assistant; Deborah Lee, lead care coordinator; and Dr. Ann Hightower, clinical director. The team works with the veterans' primary care providers to arrange treatment changes, set up clinic appointments or arrange hospital admissions when necessary.

And the service is free.

The program has only two requirements. First, the veteran must have a chronic condition such as diabetes, hypertension, congestive heart failure or chronic obstructive lung disease.

Second, the veteran must have a "land line" telephone, though with new technology, VA officials hopes to eventually offer the program to veterans who only have cellular phones.

Many others may qualify

Because of the aging population, Pratt said many veterans in the Hefner VA's service area could qualify for the help.

A lot of them have all four of the chronic health problems, Pratt said. "There are a lot of sick veterans, unfortunately."

"I think it's a wonderful program. I love to get into something to help the veterans out."

Pratt's husband, Lt. William Scott Pratt, is the Navy officer in charge at the Marine Corps base in Beaufort, S.C.

She and her husband had lived in Mocksville, and she and their children moved back to Mocksville so the children could go to school there.

Veterans like the Telehealth program because the intervention team serves as their advocate.

Patient advocates

"If the veteran is having difficulty getting his prescription, we contact doctors and the pharmacy to try to get it," Pratt said.

Lee, the care coordinator, "has done an outstanding job" spotting veterans' needs when she conducts an initial home study for the program.

Once a veteran enrolls, Lee returns to his or her home to show how to use the equipment.

The program makes a world of difference for Howell, the Yadkin House resident who suffers from chronic obstructive lung disease.

He lives by himself, doesn't have a car and depends on an electric wheelchair.

In the past 10 years, he's been admitted to Rowan Regional Medical Center many times.

"It had gotten so that when I got to the fourth floor (of the hospital), the nurses would say, 'Oh my Lord, here he comes again,' Howell said. But he hasn't been back since.

So, what's behind all this media attention? We caught up with the nurse educator in charge of the program for VISN 6, Mary Foster, and asked her to describe how this program works and its benefits.

Bringing care home to veterans

Mary Foster, RN

How do you provide care to veterans whose condition just won't allow them to easily travel to a VA healthcare facility? That's what the Geriatrics & Extended Care Service Line Care Coordination & Home Telehealth (CCHT) Program is all about!



Veteran Stephen Price receives instructions from Sherry Stewart, Nurse Practitioner at Beckley VAMC, in operation of home tele-health equipment.

(Photo courtesy of Chuck Garvin, Beckley Register-Herald)

As of early July, there are 684 veterans benefiting from this system.

Our goal is to have 1000 veterans in our three-state area enrolled by the end of September 2006.

The VA Office of Care Coordination was instituted nationally in 1993. VISN 6 started our program last June, 2005.

We have a home telehealth care coordination team at each of our eight VA Medical Centers in this network. The nurses who make up the team are part of the facility primary care clinic staff.

The teams coordinate a continuum of care, to include being cognizant of how to manage social issues that may affect veterans.

For example, in many homes there are care-givers who assist veterans with daily living activities. Over time, some of these individuals may simply need a break. The telehealth teams use a care-giver assessment methodology. If appropriate, we can arrange for a veteran to receive respite care, to bring the patient into a care facility so that the home-based care giver gets some well deserved "time off."

Foster says, “veterans want the right care, in the right place, at the right time. The home is the right place for care for many veterans. We have the technology to bring care into this environment, where veterans are comfortable and familiar with their surroundings.”

She continues: Tele-health technology includes monitoring equipment, for example the “health buddy” system—a small device with lots of capabilities, including video and diagnostic tools.

We target this approach to care to specific populations of veterans. A veteran with diabetes, heart failure, chronic pulmonary disease, and high blood pressure due to elevated hypertension can be managed in a home setting. This helps veterans stay at home versus having to receive long-term care outside the home.

We use the technology to connect veterans to care givers at a medical center.

Capabilities of the technology

Using the home tele-health equipment, we can measure blood pressure, pulse, oxygen saturation, and weight gain or loss based on a set of standards that alerts us to problems.

We know, for example, that overnight a patient with congestive heart failure can gain as much as 20 pounds. Even a five-pound weight gain overnight raises a “red flag.” The monitoring system lets us know that a patient may need an increase in medication or oxygen. This helps us tell if a heart patient is getting worse. Fluid retention is really a big challenge with many of these veterans.

Blood sugar measurements are transmitted as well. On a given work day, sugar levels may be within normal values. On the weekend those levels may go up. Our system allows us to relay that information to the primary care physician for an appropriate response.

How it works

Tele-monitors used in the home health care program include video and peripheral devices such as a blood pressure cuff. The devices are connected to a mini-computer. Some monitors even have automated voice direction systems for patients who may have difficulty initiating operations.

We can generate an EKG rhythm strip, track glucose levels and monitor numerous other indicators of a patient’s medical status. The system acts much like a desk-top computer program. Questions are sent to the patient via this means.

Our veterans using these systems can enter their blood pressure, weight or other indicators; then a program sets up questions to help the veterans based on their particular needs.

Clinical Coordination Home Telehealth Program Enrolled Patients in VISN 6 (As of July 1, 2006)

Asheville:	74
Beckley:	79
Durham:	121
Fayetteville:	73
Hampton:	86
Richmond:	85
Salem:	85
Salisbury:	79
TOTAL:	682

Program support assistants at each site work in support of the CCHT program—“scripts” to ask the right questions and prompt responses are programmed automatically.

Identifying veterans for this program

We identify veterans who may benefit from this program either in an outpatient or inpatient setting after they are enrolled in a VA primary care clinic.

Individuals selected must meet certain criteria. They must have one or more particular disease entities. They must have been an in-patient within the last fiscal year. There must have been indication of high utilization of VA services—demonstrating a patient greatly in need of VA healthcare, and these individuals must be taking 10 or more medications. The veterans we can help in this program are often in a “revolving door” situation—constantly being in and out of our VA Medical Center for various needs.

This program improves their access to care and gives them more attention. This program also decreases wait time—in being able to manage these veterans at their home, we can free up appointment slots in our medical centers.

This program offers selected veterans alternatives to long-term care in an institutional setting. In other words, we can avoid having to care for these patients in a nursing home.

We’ve also found that our veterans in this program are frequently more compliant about following medical guidance. Our ability to provide helpful patient education assists these veterans in understanding the disease process. And, we carefully explain medications. As a result, we find that these veterans become more adept at

recognizing their symptoms—for example, they know what foods to avoid. These veterans can truly be actively involved in their own care.

Veterans who are mobile can take the equipment with them on vacation or on other trips.

We train the care coordinator and program support assistants via a vendor contract. The VA staff then trains the patients. Operations, safety issues, what to do if equipment fails—all of that is discussed. To avoid the effects of power outages, we include surge protectors in the equipment bundles VA provides.

Response of veterans

What do patients in this program think about its effectiveness? One veteran told us, “I’m glad I don’t have to go sit in an ER for long periods.”

Veterans like the convenience of being linked to VA care at their homes. Veterans in the program can get medications and re-fills. In some cases, VA arranges to have the medications driven out to the veteran’s home. If necessary, a nurse can arrange for a primary care appointment very quickly if needed.

The tele-health system makes veterans feel connected and well cared-for. Diabetic patients, for instance, can get advice on insulin needed based on transmitted factors.

Over all this VISN 6 program helps those participating veterans to learn more about medications, diet, and the importance of physical activity. It’s truly a learning process.

Prior to heading the home tele-health program, Mary Foster, RN, was a clinical coordinator at Fayetteville VA Medical Center for 14 years. She trained at Duke University and is certified nationally as a Nurse Practitioner. She is originally from Morganton, NC, and earned her BS degree in Nursing at Winston-Salem State University. She is currently pursuing a doctorate level academic program in nursing studies. Foster says she has always enjoyed being involved in new, challenging projects for VA.

Mental health care services expanded (excerpted from a VISN 6 news release)

From the earliest days of battle, many veterans of combat or other military circumstances have suffered from emotional trauma. There was often a stigma associated with seeking care for these conditions. Today, however, the Department of Veterans Affairs (VA) is continuing to provide mental

health services to veterans from past conflicts, including World War II, the Korean War and Vietnam, and VA is reaching out to the young men and women returning from the war against terrorism.

“To meet additional mental health care requirements within the Mid-Atlantic Health Care Network, we enhanced our capabilities to provide the full array of mental health services to veterans, including telehealth,” said Dr. Mark Shelhorse, chief medical officer for VA Mid-Atlantic Health Care Network (VISN 6).

“We not only have eight medical centers spread across 8500-square miles in North Carolina, Virginia, and a portion of West Virginia where veterans can obtain medical and mental health services, but we also have numerous community based outpatient clinics. These clinics are affiliated with the medical centers in Durham, Fayetteville, and Salisbury, N.C., as well as the Salem VA Medical Center in Virginia,” Shelhorse continued.

Compensated Work Therapy Programs are being offered now to veterans at Asheville, Fayetteville, and Salisbury VA Medical Centers in North Carolina as well as Hampton, Richmond, and Salem VA Medical Centers in Virginia. Additionally, Operation Iraqi and Enduring Freedom (OIF/ OEF) veterans are the focus of specialized services in Fayetteville, Hampton, Richmond and Salisbury VA Medical Centers. Outreach programs for Iraq/Afghanistan veterans with PTSD are closely coordinated with the VISN 6 Mental Illness Research, Education, and Clinical Center for Post Deployment Mental Health headquartered in Durham.

A new PTSD outpatient program will soon be operational at Beckley VA Medical Center and existing PTSD programs have been strengthened at Fayetteville and Hampton VA Medical Centers.

Also in operation are new or enhanced Substance Use Disorder Programs in Asheville, Durham, Salem, and Salisbury VA Medical Centers.

To overcome time and distance barriers impeding the health care of veterans, mental health services are also available in VISN 6 by video technology. This “tele-health” system saves veterans’ time, builds a strong feeling of support between patient and caregiver, and can significantly reduce a veteran’s cost of care. This service brings care directly to veterans in their homes or other sites of residence.

VA specialists, like Dr. Mary Fruit, are working with Department of Defense behavioral health and support service staffs, helping veterans both in and out of uniform. Fruit, mental health chief at Fayetteville VA Medical Center, recently conducted briefings at Fort Bragg and participated in a summit at Camp LeJeune on ways to collaboratively meet needs of OEF/OIF Marines, sailors and their families.

These idea-exchanges help VA care providers better understand what military personnel have experienced before, during and after deployment.

“The key benefit for veterans in North Carolina, Virginia, and parts of West Virginia, is that our network is better able now to help meet the mental health needs of new

veterans returning from Iraq and Afghanistan while enhancing our services to veterans of past conflicts,” according to Dr. Harold Kudler, VISN 6 mental health coordinator.

“Thanks to our team of mental health professionals and support staff, veterans coming to any of our eight VISN 6 medical centers will have access to excellent general mental health care, specialized PTSD services, and OIF/OEF readjustment services,” said Kudler.

VISN 6 Chief Medical Officer, Dr. Mark Shelhorse, sums it up: “We have placed additional dollars in

substance abuse treatment which virtually all of these patients need, added a new MIRECC which is the only one in the nation focusing on Post Deployment needs of OIF/OEF Veterans, and expanded the MH resources by three people to the Polytrauma Rehabilitation unit in Richmond.”

For VISN 6, enhancing the mental health of our veterans from past and previous conflicts is now and will continue to be a top priority.

Taking Care of America’s Newest Veterans

Becky Fox, RN, MBA

As of early May, 2006, VISN 6 had treated 6,811 returning combat soldiers from the Global War on Terrorism.

The most common diagnoses treated include

musculoskeletal disorders, mental health disorders, diseases of the nervous system and sensory organs. The most common mental health disorders treated include post-traumatic stress disorder (PTSD), substance abuse, depressive disorders, and neurosis.

VA is collaborating with DoD and their Military Treatment Facilities (MTF) to seamlessly transition the health care of injured or ill returning combat active duty

service members and veterans from the MTF to a VHA facility.

VHA has assigned part-time and full-time social workers to major MTFs to serve as VHA liaisons between MTF and VHA facilities. Each VAMC has appointed a Point of Contact (POC) who works closely with VA-DOD Social Work Liaisons detailed to MTFs and Veterans Benefits Administration (VBA) representatives to ensure a seamless transition and transfer of care.

Operation Iraqi & Enduring Freedom Veterans Treated in VISN 6 as of May 2006

Asheville – 578
Beckley – 359
Durham – 945
Fayetteville – 1330
Hampton – 1106
Richmond – 1129 (85 inpatients)
Salem – 569
Salisbury - 795
Total - 6811

This initiative pertains primarily to military personnel returning from Iraq and Afghanistan having served in Operation Enduring Freedom (OEF) and Operation Iraqi Freedom (OIF). It also includes active duty military personnel returning from other combat theater assignments.

Not included are active duty military personnel who are serving in non-combat theaters of operation.

Veterans who served on active duty in a theater of combat operations (as determined by the VA Secretary in consultation with the Department of Defense) during a period of war after the Persian Gulf War, or in combat against a hostile force during periods of hostility after November 11, 1998, are eligible for hospital care and medical service for any illness potentially related to their service in the combat theater for a two-year period following separation from military service.

During this two-year post-discharge period, they are not subject to medical care and medication co-payments when their physical or mental condition is determined by their health care provider to be potentially related to their exposure or military experience, regardless of income (known as enhanced combat veteran benefits).

Those veterans who did not serve in a combat theater are subject to the same eligibility requirements as all other veterans.

Brochures describing services available and identifying the facility POC and case manager have been developed and are available at each VISN 6 facility.

In addition to coordinating and managing care for the OIF/OEF veterans, the points of contact (POCs) and case managers at each site are also involved in outreach activities.

These include activities with the MTF's, local National Guard and Reserve units, welcome home events,

service fairs, and provision of information about VA Health Care.

Our Medical Center staff members serving as points of contact for our newest veterans are:

Asheville – Doug Clark and Kristin Robinson

Beckley – Eddie Watts and Chris Dunbar

Salem – Stephanie Ayers and Linda Riffel

Salisbury – Debra Volkmer and Karen Barringer

Durham – Susan Watkins and Paul Fitzgerald

Fayetteville – Doris Moore-Russell and Yolanda Eden

Hampton – Kay Reid and Yvonne Bailey

Richmond – Debra Butler and Keneshia Thornton

The VISN 6 team is contacting service members who have sustained an injury or developed an illness that may preclude them from continuing on active duty and may result in medical separation or retirement.

Each VAMC is currently providing outreach to these personnel. We're describing VA health care benefits to which they may be entitled. We are encouraging them to contact the nearest VA medical facility for future health care needs as they transition from active duty to veteran status.

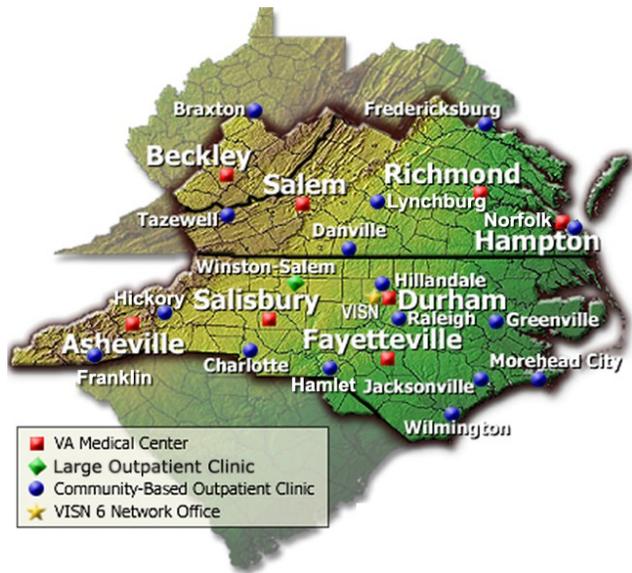
VA Mid-Atlantic Health Care Network (VISN 6) Upcoming Events

July 20: Congressional Briefing to staffs of NC, VA, WVA senators & representatives, Cannon House Office Building, Washington DC

July 24: Grand opening, expanded Raleigh, NC Community Based Outpatient Clinic

July 27: National demonstration to VHA Network Directors on Emergency Evacuation Software- VISN 6 "Strong Practice"

August 9: Town Hall Meeting on plans for Hamlet, NC Community Based Clinic, Rockingham, NC



VA Mid-Atlantic Health Care Network (VISN 6) serves veterans across an 8500 square mile operating area in North Carolina, Virginia, and parts of West Virginia. Network facilities include eight medical centers located in Asheville, Durham, Fayetteville and Salisbury, NC; Hampton, Richmond, and Salem, VA, and Beckley, WVA, and 15 Community Based Outpatient Clinics. Some 10,600 clinical and support staff comprise the Network's team of highly skilled employees with one goal: To provide safe, efficient, effective, and compassionate care to the men and women we so proudly serve.

VA Mid-Atlantic Health Care Network
 300 West Morgan Street, Suite 700
 Durham, NC 27701

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